

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025196

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 243 Primary Registration District No. 583 Registrar's No. 46

FILED JUN 25 1963

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FRANKLIN-TOWNSHIP</u>		c. CITY OR TOWN <u>FAIRVIEW</u>	
Length of stay in 1b <u>5 1/2 yrs.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Her Home</u>		d. STREET ADDRESS (If outside, give location) <u>FAIRVIEW</u>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Julia</u> Middle <u>C.</u> Last <u>Mathews</u>			4. DATE OF DEATH Month <u>June</u> Day <u>22</u> Year <u>1963</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>12-29-1922</u>	9. AGE (last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Samuel Harmon</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Craig</u>	
14. NAME OF HUSBAND OR WIFE <u>C.A. Mathews</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>		16. SOCIAL SECURITY NO. <u>Mary Woodrich Fairview Mo n7d.</u>	
17. INFORMANT <u>Mary Woodrich Fairview Mo n7d.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Due to Natural Causes</u> DUE TO (b) <u>Shock from fracture</u> DUE TO (c) <u>of left hip</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>11:45</u> a.m. Month <u>June</u> Day <u>24</u> Year <u>1963</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Wheaton Mo</u>		COUNTY <u>Wheaton</u> STATE <u>Mo</u>	

21. I attended the deceased from <u>11:45 a</u> to <u>11:45 a</u> and last saw her alive on <u>June 24 1963</u> Death occurred at <u>Wheaton Mo</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Medred Moberly Local Registrar</u>		22b. ADDRESS <u>Wheaton Mo</u>		22c. DATE SIGNED <u>6/23/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 24 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Toronto Cemetery W. Toronto</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas</u>	
24. FUNERAL DIRECTOR <u>McQueen Funeral Home, Wheaton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>6-23-63</u>		26. REGISTRAR'S SIGNATURE <u>Medred Moberly</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul D. Hendest

Licensed Embalmer No. 4576

P. O. Address Cassville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.